

Daily Security Report

Client No.		2036		Client Name		OH. MATERIALS		Location		1004 COWEGO ST. UTICA NY		Date		7/26/87	
Facility Equipment		N/A		Detox Clock		N/A		Weapon No.		N/A		Holster		N/A	
												Nightstick		N/A	
								Raiscoat		✓		Flashlight		✓	
								Other						RADIO, LOGBOOK, 2 GATE KEYS	
Officers:		Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name)		Kenneth Felip		Officer—Swing Shift (Name)		Patrick J. Bloomquist		Officer—Grave Shift (Name)		GEORGE, JOHN D	
Shift		Began		8:00 AM-PM		Ended		16:00 PM		Began		2:00 AM-PM		Ended	
Observations or actions taken		Yes		No		Explanation		Yes		No		Explanation		Yes	
Rounds or stations missed				✓						X				✓	
Unlocked doors, gates or windows				✓						X				✓	
Unlocked vaults or safes				✓						X				✓	
Fire-smoke-or hazards				✓						X				✓	
1. Extinguishers missing or defective				✓						X				✓	
2. Sprinkler system defective				✓						X				✓	
3. Fire doors or exits blocked				✓						X				✓	
4. Rubbish accumulation				✓						X				✓	
5. Motors running				✓						X				✓	
6. Lights left burning				✓				✓		AS REQUIRED				TURNED OFF NITE LITE 0600	
Injury hazards				✓						X				✓	
Visitors				✓						X				✓	
Trespassing				✓						X				✓	
Violation of company rules				✓						X				✓	
Remarks															
														439229	
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.															
1. Were you injured during this tour?		Day Shift		1.		2.		3.		Swing Shift		1.		2.	
		Yes		No		Yes		No		Yes		No		Yes	
2. Did you suffer any illness?		Yes		No		Yes		No		Yes		No		Yes	
3. Have you reported accidents coming to your attention?		Yes		No		Yes		No		Yes		No		Yes	
Michael M. Miller cpt 12155A		Signatures		1		Kenneth Felip		Patrick J. Bloomquist		John D. George		Signatures		1	
		Signatures		2								Signatures		2	
		Signatures		3								Signatures		3	